



Commonwealth of Virginia
Department of Mines, Minerals and Energy
Division of Gas and Oil
P.O. Box 1416; Abingdon, VA 24212
Telephone: (276) 676-5423

OPERATOR'S SURETY BOND

THIS BOND CAN ONLY BE CANCELLED BY THE DIRECTOR OF THE DIVISION OF GAS AND OIL

Operator: _____
Surety Company: _____
Surety Company Address: _____
Surety Company Telephone Number: _____ Contact Person: _____
Surety Company Bond Number: _____ Date Bond Issued: _____

Know all men by these present:

That we, _____, Principal, and, _____ Surety, are and firmly bound unto the Commonwealth of Virginia in the sum of _____ Dollars (\$ _____), and the payment thereof Principal and Surety bind themselves, their heirs, executors, administrators, successors, and assigns jointly and severally, firmly, by those present.

WHEREAS, Principal proposes to bond

- ☐ all of Principal's operations area in the Commonwealth, whether now existing or hereafter operated
OR
☐ single operation in the Commonwealth, identified as _____, the amount of bond
having been determined as follows:

\$10,000 for the plugging of the well
PLUS

\$ _____ (the product of \$2,000 times the number of acres to the nearest tenth of
an
acre) stabilizing the project area

NOW, THEREFORE, the condition of this obligation is such that if Principal shall perform on operations, as the case may be (i) all such work as Principal may be permitted to perform under permits issued under Code of Virginia, Section 45.1-361.29 or 4 VAC 25-150-110 and 4 VAC 25-150-160 and (ii) all other work included in operations plans accompanying such applications under Code of Virginia, Section 45.1-361.29 or 4 VAC 25-150-110 and 4 VAC 25-150-160, in accordance with the same terms of the permits, the specifications of the operations plans and all applicable provisions of the Virginia Gas and Oil Act and regulations promulgated thereunder, then this obligation shall be null and void; otherwise it shall remain in full force and effect until released by the Director of the Division of Gas and Oil.

Executed this _____ day of _____, _____
(month) (year)

Operator: _____
By: _____
(Signature)

Its: _____
Address: _____
Surety: _____
By: _____
(Signature)

Its: _____
Address: _____